

## USE AGREEMENT SERVICES ACCESS REQUEST

### \*\*\* NOTICE TO OUR CUSTOMERS \*\*\*

Code of Virginia 46.2-216.1 mandates all forms, applications, and contracts be submitted electronically to Use Agreement Services (UAS). If you have any questions or concerns regarding this matter, please contact UAS by email at [useagreement@dmv.virginia.gov](mailto:useagreement@dmv.virginia.gov) or by phone at (804) 474-2294.

**PURPOSE:** DMV customers use this form to request new access to existing agreements or to make changes to existing users.

**INSTRUCTIONS:** Form must be completed, signed and submitted via email to [okta.admin@dmv.virginia.gov](mailto:okta.admin@dmv.virginia.gov). **Unsigned or incomplete forms cannot be processed and will be returned to the requestor.**

### ACCESS TYPE

CHECK ONE:

☐ EXTRANET ☐ SECURE DATA EXCHANGE ☐ DMV SELECT ☐ DMV SELECT WITH ADDITIONAL ACCESS

ENTER REQUESTED ACCESS

### ORGANIZATION INFORMATION

ORGANIZATION NAME

USE AGREEMENT / MEMORANDUM OF UNDERSTANDING NUMBER

### REQUEST TYPE

CHECK APPLICABLE BOX:

☐ NEW USER TO EXISTING ACCOUNT - \$65.00 per user

☐ DELETE USER

☐ RENEW EXISTING ACCESS - \$65.00 per user

☐ REASSIGN EXISTING ACCESS TO A NEW USER

☐ CHANGE USER LAST NAME

☐ DELETE - MAINTAIN FOR FUTURE USE

### CURRENT USER INFORMATION

THIS FOLLOWING INFORMATION IS **REQUIRED** FOR USER REASSIGNMENTS

EMPLOYEE NAME

USER ID:

EMAIL ADDRESS

### NEW USER INFORMATION

USER FULL NAME (first, mi, last)

MOTHER'S MAIDEN NAME

EMAIL ADDRESS

### CERTIFICATION

I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

ORGANIZATION'S SECURITY OFFICER / AUTHORIZED REPRESENTATIVE NAME

ORGANIZATION'S SECURITY OFFICER / AUTHORIZED REP SIGNATURE

ORGANIZATION'S SECURITY OFFICER / AUTHORIZED REPRESENTATIVE EMAIL ADDRESS

PHONE NUMBER

DATE (mm/dd/yyyy)